



## **Member Application**

Mail To: Jewish Community of Ojai, P.O. Box 172, Ojai, California 93024

### **Membership Information** (Share as much as you like)

Member Name(s) \_\_\_\_\_ Occupation \_\_\_\_\_

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Sex: M F Grade: \_\_\_\_\_

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Other family members living with you and their relationship \_\_\_\_\_  
\_\_\_\_\_

Member Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone: Day \_\_\_\_\_ Evening \_\_\_\_\_

Email address: \_\_\_\_\_

Emergency contact: Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone: \_\_\_\_\_ Address: \_\_\_\_\_

#### Yartzeit/Anniversary of Relative's Death:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ English date: \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ English date: \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ English date: \_\_\_\_\_

### **Membership Dues** (Check one) **Note: Our membership year is from June 1 to May 31**

Annual:      \_\_\_ Family \$880 \_\_\_ Couple/One Parent Family \$720 \_\_\_ Single \$460  
(Joining after June 1: Prorated based on the number of months remaining in our fiscal year)

2nd Temple:    \_\_\_ Family \$430 \_\_\_ Couple/One Parent Family \$375 \_\_\_ Single \$220

Dues Relief:    \_\_\_ I request confidential consideration of dues relief

Please enclose your check (to "Jewish Community of Ojai") in full payment of the amount noted above or visit our website at [www.ojaitemple.org](http://www.ojaitemple.org) if you wish to use a credit card or pay via four equal installments. Installment payments are only available to those paying full annual dues. We accept Visa, Master Card, Discover and American Express. Please process your credit card transaction when you submit this application. Dues do not include school fees or b'nai mitzvah training fees.

Signature \_\_\_\_\_

Date of Application \_\_\_\_\_

Please separately provide any comments regarding what is significant or important about the experience you desire from your membership at the Jewish Community of Ojai.